



## ASSESSMENT REQUEST FORM

Request Proposal for:  Design or Planning Mtg.  Plan Review  Building Assessment (ADA, State Standards)  
 Funding Type:  Public  Private

**PROPERTY INFORMATION:**

Building/Property Name			
Street Address	City	State	Zip Code
Contact Person	Phone	Fax	Email

**COMPANY INFORMATION:**

Company Name			
Street Address	City	State	Zip Code
Contact Person	Phone	Fax	Email

**PROPERTY INFORMATION:**

Total square footage		Number of floors	Number of buildings	How old is the property?	
Type of facility (Office, Retail, Hospital, Apt., etc.)		Number of parking lots	Is there a parking garage?	Number pkg. elevators	Number of floors
Number of elevators	Number of bathrooms	Number of kitchens	If apartment, number of units		Number of amenities
Construction start date	Construction complete	Are you purchasing this building?		Seeking assessment in response to a complaint?	

**BILLING INFORMATION:**

Company Name			
Street Address	City	State	Zip Code
Attention	Phone	Fax	Email

**NOTES:** *(Indicate scope of the assessment, or project needs such as common use areas only, interior/exterior, etc.)*

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Submitted byTitleDate

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